Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27					Application Number 10/517,509					
					Filing Date 6/11/2003					
					First Named Inventor H.J.T. Coelingh Bennink et al.					
					Examiner Name		Samira Jean-Louis			
				Art U	Art Unit 1617					
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attor	Attorney Docket 0470 - 045922					
METHOD OF PAY	MENT (check	all that apply)								
Check 🗸	Credit Card	Money Orde	er 🔲	None _	Other (please ide	ntify):				
		count Number:		0650	Deposit Account	Name: The	e Webb	Law Firn	a	
For the abo	ove-identified d	leposit account, t	the Directo	r is hereby	authorized to: (cl					
Cha	arge fee(s) indica	ated below			Charge fee	(s) indicated	below, ex	cept for the	filing fee	
	arge any addition er 37 CFR 1.16	nal fee(s) or under	rpayments	of fee(s)	✓ Credit any	overpayment	s	_	J	
WARNING: Information	n on this form may	become public. Cr	edit card inf	ormation sho	uld not be included or	this form. Pro	ovide credi	t card		
information and authoriz	Branco de la companya de la company						***************************************			
EE CALCULATIO	A		COMPONE CONTRACTOR OF THE PARTY OF		be subject to a su	rcharge.)	Winds and the second		A	
1. BASIC FILING				ES CH FEES	EV A MINI A	TION EEES				
				mall Entity						
Application Type	-		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees F	<u> </u>	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70		••••		
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325		**		
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIN	M FEES		-	•	•	·			Small Entity	
Fee Description								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 52								52	26	
Each independent cl	aim over 3 (inc	luding Reissues)	1					220	110	
Multiple dependent	claims							390	195	
Total Claims	<u>- 20 or HP</u>	Extra Claim	s <u>Fe</u>	e (\$)	Fee Paid (\$)			Multiple D	ependent Claii	
	- Canada 1 . 1 . 1	=	_ x	=				Fee (\$)	Fee Paid (
HP = highest number	or total claims pai	a for, if greater than	1 20.							
Indep. Claims	-3 or HP	Extra Claim		<u>ee (\$)</u>	Fee Paid (\$)				9	
HP = highest number		ims paid for if me	X	=						
3. APPLICATION	-	puiu 101, 11 gic	ator mail J.							
If the specificat	ion and drawin	gs exceed 100 sl	neets of pa	per (exclud	ing electronically	filed sequen	ce or con	nputer listin	gs under	
				(\$135 for si	mall entity) for ea	ch additiona	l 50 sheet	ts or fraction	n thereof.	
Total Sheets	C. 41(a)(1)(G) Extra S	and 37 CFR 1.10		f each add	itional 50 or frac	tion thereof	Fee	e (\$)	Fee Paid (\$	
		/ 50 =			d up to a whole nun			-721	recrain 19	
4. OTHER FEE(S)	***************************************			(*	,	***************************************		Fees Paid (S	
		\$130 fee (no	small entit	v discount)					rees I and (3	
-	-	ge): Supplemen							180	
SUBMITTED BY		,								
	1/1/.	, //	4	Re	egistration No.					
Signature	100	1-14	for		ttorney/Agent)	22,132	Teleph	one 4]	12-471-8815	
Name (Print/Type)	William	H. Logsdon/	1	-			Date	Octob	er 20, 2009	